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ABSTRACT

The author examines how school boards too often view the drug problem, its prevention and the educating and helping of users. Current biases and prejudices concerning drugs and users are viewed as obstacles to solutions. The most commonly used educational and preventive measures are critically evaluated. Attitude change is considered a more important goal than mere factual presentations. The counselor's role vis-a-vis school drug users is examined. The school board's attitude is seen as crucial in determining whether schools will help or not. Several new approaches are recommended: (1) growing community involvement in helping schools educate against drug use; (2) the viewing of the problem as a holistic one; and (3) the approbation of school boards as a stimulus to teacher and administrator involvement. (TL)

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DRUG ABUSE: HOW CAN BOARDS DEAL WITH IT?

by

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DRUG ABUSE: HOW CAN BOARDS DEAL WITH IT?

When I first began preparing for this talk, I immediately decided that I would begin by telling you that we have had enough surveys to determine the scope of the problem. But as I began checking into it I realized that this was not a valid premise. Many school districts are still reluctant to admit they have a problem. Many are still unaware of the scope of their drug problem, or at least have not felt it important enough to deal with it in a comprehensive way.

So I would begin today by saying that our first responsibility, as school board members, is to know the scope of the problem in our district. It is especially important that we gather this baseline data if we plan to evaluate the effectiveness of our efforts over time. It becomes very frustrating to hear from one source that it is getting worse and at the same time another source sees the light at the end of the tunnel.

Assuming then that we have determined the scope of our problem and are gearing up to do something about it, where do we begin? I don't plan today to go into all the complexities of curriculum development and specific methods and techniques for education against the abuse of drugs. This of course is the job of our administration and teachers. But the way that we, as board members, perceive the problem and the emphasis we place on solutions can be instrumental in the eventual methods and techniques utilized by our staffs.

Let's look then at the way we perceive the drug problem, at our attitude if you will, about:

1. The problem itself.
2. Education and prevention techniques in dealing with the problem.
3. Working with the users in our schools.

THE PROBLEM

In attempting to understand the phenomenon of drug use and drug abuse, we must begin by realizing that much of what we think we know about the problem is mistaken, and these biases and prejudices become handicaps to our understandings. These biases and prejudices constitute the greatest current obstacle to attempts to solutions to this vexing social issue, not just among board members, but also among administrators, teachers, parents and the community as a whole. All too often, we distort our perception of the problem by putting into it our unfounded feelings, thereby widening the gap that separates us from the ability to develop realistic problem-solving solutions.

One manifestation of our sentimental mystique is this constant reference to "the" drug problem. This notion of singularity related to drug abuse is extremely misleading. There is more than one drug problem, there are as many problems as there are individuals abusing drugs. If we miss this point we tend, for convenience, to categorize and over generalize about drug users. And consequently, we generalize about what our schools should do in the area of preventive education -- resulting in simplistic answers to a complex problem.

EDUCATION AND PREVENTION

Let me give you an example of what I mean from a recent publication of the Institute of Life Insurance.[1]

Drug Abuse - A Preventive Measure Is Emerging

Not long ago in a midwest high school, a succession of local authorities mounted the stage of the main auditorium to lecture the student body on the dangers of drug abuse.

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[1] Teaching Tools, Vol. 20, No. 1, Winter, 1970-71, pp. 2-3

The session lasted the better part of an hour and at its conclusion, most of the faculty and administration retired to lunch, secure in the knowledge that they had confronted the issue and had gotten across to the students a number of telling points.

Two of the faculty members walking out of the auditorium were not so sure. They decided that when classes resumed in the afternoon, they would draw out their students. What had really been their reaction to the lectures? Later, after school they compared notes and were mildly shocked to discover that if their two classes were any guide, the lectures had been less than successful.

A summary of their findings showed:

1. The students were willing to concede that heroin and other opium and morphine derivatives were dangerous. But they knew that beforehand.

2. They were less than willing to agree that experimentation with drugs would lead to addiction.

3. They were willing to concede that powerful hallucinogens, such as LSD, could lead to trouble—"bum trips," accidents while disoriented, and so forth.

4. The contention that LSD affected heredity was questioned sharply.

5. Although there were some dissenting voices, most of the students were actively defensive about marijuana; some of them equated it with using beer or wine and were openly resentful of laws and authorities treating its use as a crime. They rejected absolutely the argument that marijuana led to harder drugs. They took pains, in fact, to draw a sharp distinction between marijuana and the so-called "hard drugs."

6. There appeared to be general indifference about the dangers of such depressants as the barbiturate group; and such stimulants as the

amphetamines. But methamphetamine (speed), and intravenous use of amphetamines drew comments like "dumb" and "fast death," etc.

7. The general attitude among those students who offered their comments with relative freedom was one of resentment toward the experts.

Of this latter attitude, one of the teachers commented: "It was almost as if they were saying, 'We don't like people telling us about our own thing'."

The teachers decided next to do some homework on the issue of drug abuse. They found not in all cases, but in a startling percentage, that the positions taken by the students may have been more firmly grounded than the arguments expounded by the experts at the auditorium lecture.

Item: There is no evidence to suggest that a single episode of drug use will automatically lead to addiction; nor, in fact, is there much hard evidence about most aspects of the drug abuse problem. Physical addiction apparently requires sustained use of a narcotic drug over a relatively short, but substantial period of time—perhaps as much as two or three weeks.

Item: The capacity of LSD to "break" chromosomes and thus affect heredity was suggested by some laboratory studies, but not demonstrated clinically.

Item: Marijuana is not a narcotic in the sense that it creates a physical dependence. Nor is there any proof that it leads its users to harder drugs. The statistical evidence often cited to prove a connection between the two is that most heroin users graduated from marijuana. Thus, on the basis of the evidence you can say, "Most heroin users started on marijuana." You cannot say, "Most marijuana users graduate to heroin."

Item: Their seeming indifference to the dangers of barbiturates and amphetamines is ill-advised. These drugs are truly addictive, often lead to severe mental aberrations, and when used with other drugs sometimes fatal. Their rejection of "speed" is well-advised. It causes a fatal necrosis of the small arteries.

In the process of their discoveries, the two teachers learned a lesson: don't try to kid the kids about drugs. Obviously, the youngsters don't know it all -- far from it, in fact. But they know enough from either first hand experience or peer-group information-sharing to detect the false note. The false note is usually enough to turn them off on any authority who plays it, no matter how sincerely motivated he may be.

This story spells out an important message to us as school board members. Being far removed from the classroom or teaching situation, we don't stop to think about whether or not the techniques used there are effective. Too often we are satisfied to know that our teachers are presenting the facts, showing films and having experts visit the classroom. Yet the truth of the matter is the experts often fail to get through and much of the current literature is literally scored with myth, half truth, unverified information, all harnessed together in an oversimplified theme - "Don't use drugs; they are bad for you."

One organization, the National Coordinating Council on Drug Abuse Information, estimates that perhaps 60% of the literature now in circulation among school children contains at least some unsound information about drugs. Indeed, Dr. Helen Nowlis, a widely recognized authority on this problem, has gone so far as to say, "Unexamined and unevaluated information and education programs are certainly no answer, and it is

safe to say that in some instances they may be as harmful in the long run as no program at all."

Because of reactions like this to inadequate literature and ineffective preventive methods many authorities are beginning to take a serious second look. As school board members we can encourage our schools to look more deeply into the problem. Not only to question what we are currently doing, but to explore new and better methods.

There is a growing trend among educators today to go beyond mere factual presentations. Herein lies the beginning of real solutions because the emphasis begins to focus on changing attitudes. How a person "sees" a situation depends upon his needs, abilities, purposes, and insights, as well as what the situation really is. In the classroom the teacher must be encouraged to develop situations which allow the students to find new insights and perceptions of themselves and the world around them. This is the only way real behavior-changing learning can take place.

Mere factual presentations on the legal aspects of drugs, the physical and psychological dangers of drugs, and the pharmacology of drugs have not been shown to change student attitudes. Attitudes are reflective of a person's emotional set, and it is the emotional set (or group of feelings) that a student has toward drug use that is reflected in his behavior.

Or as Dr. Judy Densen-Gerber, Director of Odyssey House in New York, states: "Adolescence is the time of life in which a child begins to break away from the family structure and values and, instead, accepts the values of his or her peer group. If that peer group has incorporated within its fads or modus operandi the idea that taking drugs is hip or

groovy, just as listening to the Beatles, wearing long hair, bell-bottom pants or maxi coats might be, then drugs will spread in a mindless, rapid, and epidemic way. The young adolescent accepts drugs because he has not fully learned to discriminate between constructive and destructive alternatives in the growing-up process. He does not realize that drugs are a dangerous means of working through his own omnipotent fantasies regarding life and death; and his need to find his identity separate from the adult world.

"Treatment for this group is simple, but difficult. The entire peer group must be weaned from a drug identity to an anti-drug culture. One needs to establish a 4-H Club or Boy Scout troop against drug abuse. Individual scare techniques or the usual educational methods, which are meaningful to the adult, only further 'turn on' this age group in a kind of Russian Roulette acting out. Drug-prevention education problems must be handled within the context of a course in moral values. We must be careful to educate the student by communicating in a language that is meaningful to him and not just the teacher, for it is the student who is in danger from drugs."

I hope you can see the need for encouraging, even insisting, that our teachers go below the surface in dealing with this problem. If our people sense that we are supportive of more innovative approaches we may be pleasantly startled with the end results. This support needs to come not only from the board, but also from the superintendent and his staff. To admit we have a drug problem is not to say our schools have failed. On the other hand, the measure of our schools' success will lie in how we deal with the problem now that it is here.

Another point I would like to make in this regard is that we cannot deal with the drug problem in isolation. Just as the schools cannot be blamed for the entire problem, neither can they be expected to provide all of the answers. We need to involve the community in our planning and most importantly we, as school boards, need to recognize and cooperate with other community agencies in finding solutions to the drug abuse problem.

One of the best examples of community involvement I can cite is taking place in Phoenix, Arizona, where the Community Organization for Drug Abuse Control (CODAC) through its Dope Stop Program now has some 1,500 high schoolers making monthly visits to nearly every 5th, 6th, 7th and 8th grade classroom in the area. They go to carry the message that there are better things to do in life than turning on with drugs. Certainly this kind of activity will have profound long-range results, on both groups. But without the support and cooperation of both the elementary and secondary schools in the area, a program such as this one would simply never get off the ground.

WORKING WITH USERS

Another decision that we as school board members need to make is whether or not we should be helping these kids who are using drugs. If the answer is yes, then we have a responsibility to provide the kind of atmosphere in which the drug-using student will voluntarily seek help. If the answer is no, then we are copping out on perhaps 30% of our high school age children and many elementary age kids. I'm not talking about the student who is caught with drugs in his possession. Obviously that is against the law, and should be dealt with accordingly.

But we do have large numbers of students experimenting or regularly using drugs, many of whom would seek out help if they thought it was available. And we do have people on our campuses whose job it is supposed to be to help students with their difficult personal problems -- they are called counselors. I'm afraid too many of us have relegated our counselors to the jobs of college registration, paper workers and attendance clerks at a time when our students are desperately crying out for someone to talk with about their problems. I'm not suggesting that all counselors could do this job. Certainly there are many, perhaps a majority who would not be able to relate to the drug-taking youth. But we have many who can, and don't underestimate the influence of your position, if you are supportive, then the people who are concerned and who can relate are then encouraged to do the kind of counseling needed to cope with this problem.

In this regard your board may find itself in the position of having to take a stand on the question of confidentiality. Can a counselor hear a student's problem without being required to pass on the information to parents or police? If he can't, I'm afraid that not many students are going to seek help. Certainly, if my child told her counselor that she was using drugs, I'd want to know about it, and if the choice were between reporting it to me or not reporting it to me, I would have no trouble in reaching a decision.

That, however, is not always the choice. If a student will not talk frankly and freely to a counselor because he knows or thinks the information will be relayed to a parent (or the police), then the two alternatives are having the counselor know or having no adult know, and I'm inclined to prefer the former.

The school board's attitude on the question of confidentiality can be instrumental on the relative success or failure of our counselors in helping young people with drug problems.

CONCLUSION

And so, outside the realms of analogy and theory, real people struggle with real issues; individual teachers attempt to provide realistic preventive education for individual students and individual counselors attempt to help individual drug users.

From this seeming chaos, some new perspectives and approaches are beginning to emerge which hold important ramifications for board members across the nation:

1. The emphasis is on prevention which works to effect attitude changes rather than mere presentation of facts.

2. There is an important, growing role that the community can play in helping schools educate against drug use.

3. The problem cannot be considered simply a legal matter, or medical, or environmental. It is a wholistic problem in which the forces that produce it are interacting and self-supporting.

4. The attitudes we, as school board members, take have a strong influence on the degree to which our teachers and administrators delve into the drug abuse problem among our students.

Those then are the perspectives and the actions they suggest. One thing is clear; we cannot sit back and wait for society to cure the underlying problems of which drug abuse is said to be symptom. Clearly we must work on those symptoms. We must allow our teachers and administrators the freedom to attack the symptoms in the context of the

underlying problems which brought them on. We must encourage them to innovate new approaches, even at the risk of occasional failure. Or, as Helen Thal said, "We can drift along some more hoping the problem will cure itself. But that's how the problem began."

Thank you.

DFJ:nnt
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